

1. **Login:** Login at https://www.abn.alabama.gov/abnonline/selfreport_login.aspx with your RN/LPN license number and the last 4 digits of your SSN.

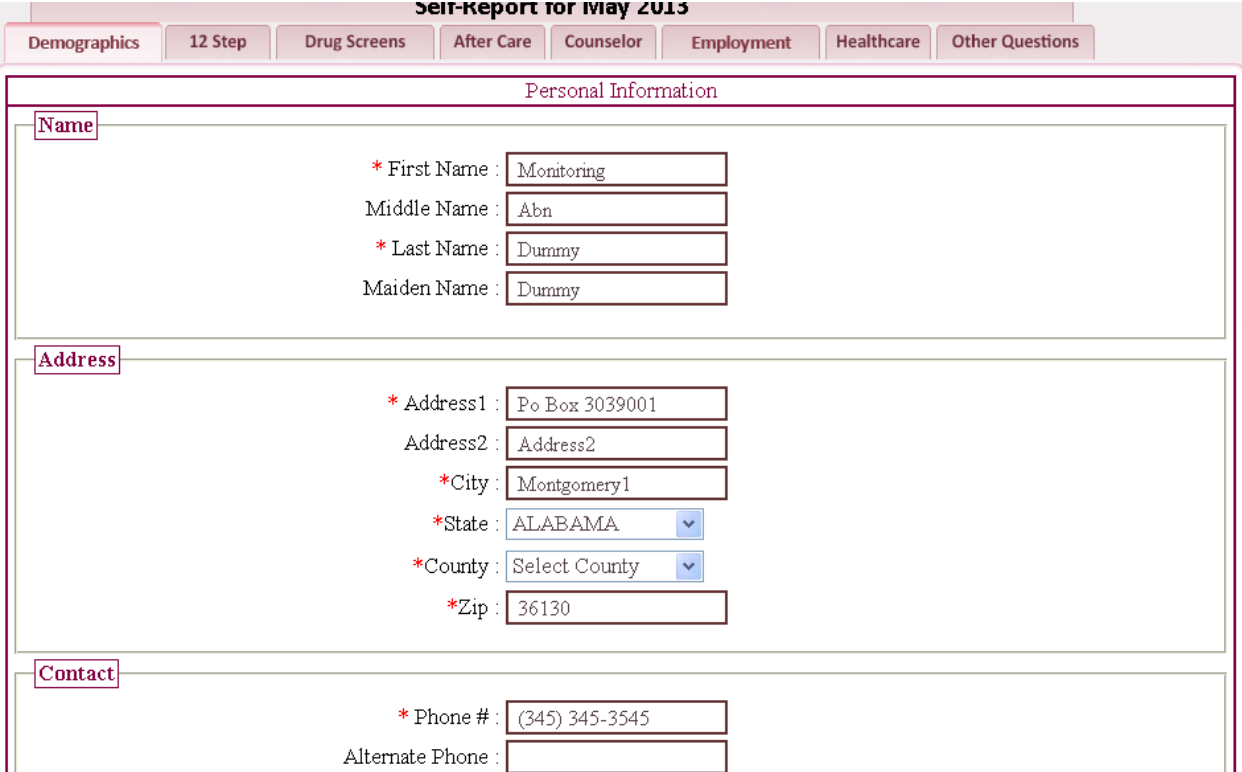


Self-Report Login

* License #:
(Enter all digits of your License Number)

* Pin #:
(Enter last 4 digits of your SSN)

2. The self-report online application displays the month and year for which the report is being submitted. "Self-Report for March 2013" is an example shown below.



Self-Report for May 2013

Demographics | 12 Step | Drug Screens | After Care | Counselor | Employment | Healthcare | Other Questions

Personal Information

Name

* First Name :
Middle Name :
* Last Name :
Maiden Name :

Address

* Address1 :
Address2 :
* City :
* State :
* County :
* Zip :

Contact

* Phone # :
Alternate Phone :

3. **Demographics:** You may update your name, address, and contact information under the “Demographics” tab.
4. **The next five tabs:** 12 Step, Drug Screens, After Care, Counselor, and Employment will be shown/hidden based on what each nurse is set up for monitoring.
5. **Example:** The screen shown below is how it would appear for a nurse who is set up only for Employment monitoring. The rest of the sections like Aftercare are hidden.

Self-Report for May 2013

Demographics Employment Healthcare Other Questions

Personal Information

Name

* First Name : Monitoring

Middle Name : Abn

* Last Name : Dummy

Maiden Name : Dummy

Address

* Address1 : Po Box 3039001

Address2 : Address2

* City : Montgomery1

* State : ALABAMA

* County : Select County

* Zip : 36130

Contact

* Phone # : 323 2323232

Alternate Phone :

6. **12 Step:** Enter the date and time, select the meeting type (AA/Aftercare/CA/Caduceus/NA/Nurse Support/Other/SA/SAA) and other relevant details and click the “Save” button to see your entries in the grid below. Click the “Next” button after clicking the “Save” button.

Note: You may enter a maximum of two 12 Step meetings per day.

Self-Report for March 2013

Demographics 12 Step **Drug Screens** After Care Counselor Employment Healthcare Other Questions

Date: Ex: MM/DD/YYYY

Time: Select Hour Select Minutes ☐ am ☐ pm

Type: Select Type

Name of Meeting:

City:

Facilitator:

Date	Time	Type	Name of Meeting	City	Facilitator	Edit	Delete
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7. **Drug Screens:** Enter the date and select the option number. Click the “Save” button to save your entries onto the grid shown below. Click the “Next” button

Note: You may enter a maximum of one drug screen per day.

Self-Report for March 2013

Demographics 12 Step **Drug Screens** After Care Counselor Employment Healthcare Other Questions

Date: Ex: MM/DD/YYYY

Option Number: Select

Date	Option #	Edit	Delete
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8. **After Care:** Enter the date, attendance details, place, city, provider and facilitator of the meeting and click the “Save” button to see you entries on the grid below. Click the “Next” button to move on.

Note: You may enter a maximum of two after care meetings per day.

Self-Report for March 2013

Demographics | 12 Step | Drug Screens | After Care | **Counselor** | Employment | Healthcare | Other Questions

Date: / / Ex. MM/DD/YYYY

Attended? ☐ Yes ☐ No

Place of Meeting:

City:

Provider:

Facilitator:

Date	Attended	Reason	Place of Meeting	City	Provider	Facilitator	Edit	Delete
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9. **Counselor:** Enter the date, attendance details, and name of the counselor and click the “Save” button to see you entries on the grid below. Click the “Next” button to move on.

Note: You may enter a maximum of one counselor meeting per day.

Demographics | 12 Step | Drug Screens | After Care | **Counselor** | Employment | Healthcare | Other Questions

Date: / / Ex. MM/DD/YYYY

Attended? ☐ Yes ☐ No

Name Of The Counselor:

Date	Attended?	Reason For Not Attending	Counselor	Edit	Delete
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10. **Employment:** Enter the relevant details of employment like the name of the employer, supervisor, monitor etc and click the “Save” button to view your entries on the grid. Click “Next” button to move forward”.

Note: If you are not currently employed in nursing, select “No” to the question at the top.

Demographics	12 Step	Drug Screens	After Care	Counselor	Employment	Healthcare	Other Questions
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Are You Currently Employed In Nursing? ☒ Yes ☐ No

Name of The Employer :

Address1 :

Address2 :

City :

State: ALABAMA

Zip :

Supervisor :

Monitor :

Hours Worked this Month :

Nursing Unit :

Name	Address1	Address2	City	State	Zip	Supervisor	Monitor	Hours Worked	Edit	Delete
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- Have You been counseled/written up or disciplined at work this month for any reason? ☐ Yes ☐ No
- Have You been terminated or allowed to resign in lieu of termination this month? ☐ Yes ☐ No
- Have You committed a medication, documentation or nursing care error this month? ☐ Yes ☐ No
- Have You had any interpersonal problems with patients, coworkers, supervisors, or other professional staff this month? ☐ Yes ☐ No

11. **Healthcare:** if you do not have a primary physician/dentist/psychiatrist, please check the box "No healthcare provider."
- If you do have any of those providers, select the "Provider Type" and enter the relevant details like their name and address.
 - Click "Save" button to view your entries on the grid.
 - If you have more than one provider, repeat steps a. and b.
 - Click "Next" to move on.

No healthcare provider ☐

Provider Type:

Provider Name:

Address1:

Address2:

City:

State:

Zip:

Phone#:

Email:

Provider Type	Name	Address1	Address2	City	State	Zip	phone#	Email	Edit	Delete
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Have you received any outpatient healthcare this month? ☐ Yes ☐ No

Have you received been hospitalised this month? ☐ Yes ☐ No

Have you taken any medications this month? ☐ Yes ☐ No

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12. **Other Questions:** The last section of the self-report consists of 7 questions with an option to select “Yes” or “No”. If you select “Yes” for any question, the system will provide a box to enter your explanations as shown below.

Demographics | 12 Step | Drug Screens | After Care | Counselor | Employment | Healthcare | Other Questions

1. Any Travel?

☒ Yes ☐ No

Please enter your explanation here :

Reasons go here.

13. **Submission:** Check the box, validate your name, and enter today's date. Click the "Submit Self-Report" button to finish the process of submitting the self-report.

☐ By submitting this form, I affirm that I have accurately and truthfully provided the number of Twelve-Step Meetings that I have attended this month.

I further understand that I must keep a record of my attendance, on the form provided by the board, for future reference and further provide said documentation to the Board or a Board designee upon request. Finally, I understand that I am required to retain the documentation of my attendance for the duration of my Agreement or Order.

Electronic Signature:

Date: Ex: MM/DD/YYYY

Submit Self-Report